## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

09/901,910

| CLAIMC ACEUED DADE.                                                                                                                                                                                                                                                                                                     |                                                |                                           |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                  |        |                   | <u>_</u>               |         | <del></del>         | 100                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|--------|-------------------|------------------------|---------|---------------------|------------------------------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                                                                                          |                                                |                                           |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                  |        | SMALL ENTITY      |                        |         | OTHE                | R THAN                                         |  |
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                            |                                                |                                           | (COIDI             | (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           | (Column 2)       |        | TYPE              |                        | OI      | R SMALI             | SMALL ENTITY                                   |  |
| FOR ·                                                                                                                                                                                                                                                                                                                   |                                                |                                           |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                  |        | RATE              |                        |         | RATÉ                | FEE                                            |  |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                 |                                                |                                           | NUMBE              | NUMBER FILED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           | NUMBER EXTRA     |        | BASIC F           | EE 385.0               | Of Of   | BASIC FE            | E 770.00                                       |  |
| 1                                                                                                                                                                                                                                                                                                                       |                                                |                                           | n                  | minus 20=                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           | *                |        | X\$ 9=            |                        | OF      | X\$18=              |                                                |  |
| ├                                                                                                                                                                                                                                                                                                                       | DEPENDENT                                      |                                           |                    | minus 3 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |                  |        | X43=              |                        | $\neg$  | 7/00                | <del> </del>                                   |  |
| М                                                                                                                                                                                                                                                                                                                       | ULTIPLE DEPE                                   | ENDENT CLAIM                              | PRESENT            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                  |        |                   | _                      | OF.     | `                   | <del> </del>                                   |  |
| * 1                                                                                                                                                                                                                                                                                                                     | f the differenc                                | ce in column 1 i                          | s less than        | zero, enter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | "0" in                    | '0" in column 2  |        | +145=             |                        | OF      | +290=               |                                                |  |
|                                                                                                                                                                                                                                                                                                                         |                                                |                                           |                    | MENDED - PART II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                  |        | TOTAL             | <u> </u>               | OF      | R TOTAL             | Ĺ <u>.                                    </u> |  |
| _                                                                                                                                                                                                                                                                                                                       | T                                              | (Column 1)                                | AMENDE             | (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                  |        | SMALL             | . ENTITY               | OR      |                     | R THAN<br>ENTITY                               |  |
| Þ                                                                                                                                                                                                                                                                                                                       | hlad                                           | CLAIMS<br>REMAINING                       |                    | HIGHE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ST                        | <u> </u>         | ADDI-  |                   |                        |         |                     |                                                |  |
| AMENDMENT A                                                                                                                                                                                                                                                                                                             | 121704                                         | AFTER<br>AMENDMENT                        |                    | NUMB<br>PREVIO<br>PAID F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | USLY                      | PRESENT<br>EXTRA |        | RATE              | TIONA                  |         | RATE                | ADDI-<br>TIONAL<br>_FEE                        |  |
| END                                                                                                                                                                                                                                                                                                                     | Total                                          | 1.13                                      | Minus              | -4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3                         | -0               |        | X\$ 9=            |                        | OR      | X\$18=              |                                                |  |
| AM                                                                                                                                                                                                                                                                                                                      | Independent<br>FIRST PRES                      | ENTATION OF M                             | Minus              | THE LEGISTRA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u> </u>                  | -                |        | X43=              |                        | OR      | X86=                |                                                |  |
| _                                                                                                                                                                                                                                                                                                                       |                                                |                                           | TO EATH CE DE      | LINDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CLAIN                     |                  |        | +145=             |                        |         | +290=               |                                                |  |
|                                                                                                                                                                                                                                                                                                                         |                                                |                                           |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                  | L      | TOTAL             | <del> </del>           | OR      | TOTAL               |                                                |  |
|                                                                                                                                                                                                                                                                                                                         |                                                | (O 1)                                     |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                  | А      | DDIT. FEE         |                        | OR      | ADDIT FEE           | L                                              |  |
|                                                                                                                                                                                                                                                                                                                         | <del></del>                                    | (Column 1)<br>CLAIMS                      | <del> </del>       | (Columi<br>HIGHE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           | (Column 3)       | _      |                   |                        |         |                     |                                                |  |
| AMENDMEN! B                                                                                                                                                                                                                                                                                                             |                                                | REMAINING<br>AFTER<br>AMENDMENT           | 3 <b>5</b> 4 4 4 5 | NUMBE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ER<br>JSĿY <mark>.</mark> | PRESENT<br>EXTRA |        | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL                                |  |
| NO.                                                                                                                                                                                                                                                                                                                     | Total                                          | *                                         | Minus              | **                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           | =                |        | X\$ 9=            | 1.22                   | OR      | X\$18=              | FEE                                            |  |
| A M                                                                                                                                                                                                                                                                                                                     | Independent                                    | *                                         | Minus              | ***                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           | =                | -      | X43=              |                        | 1 1     |                     |                                                |  |
|                                                                                                                                                                                                                                                                                                                         | FIRST PRESE                                    | NTATION OF MU                             | JLTIPLE DEI        | PENDENT C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CLAIM                     |                  | -      | 740=              |                        | OR      | X86=                |                                                |  |
|                                                                                                                                                                                                                                                                                                                         |                                                | ,                                         |                    | Facility (Control of Control of C |                           |                  |        | +145=             |                        | OR      | +290=               | ,                                              |  |
|                                                                                                                                                                                                                                                                                                                         |                                                |                                           |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                  | AD     | TOTAL<br>DIT. FEE |                        | OR ,    | TOTAL<br>ADDIT. FEE | ·                                              |  |
| _                                                                                                                                                                                                                                                                                                                       |                                                | (Column 1)                                | ٠.                 | (Column                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           | (Column 3)       |        |                   |                        |         |                     |                                                |  |
|                                                                                                                                                                                                                                                                                                                         |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | HIGHES<br>NUMBE<br>PREVIOUS<br>PAID FO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | R<br>SLY                  | PRESENT<br>EXTRA |        | TAF               | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL                                |  |
|                                                                                                                                                                                                                                                                                                                         | Total                                          | *                                         | Minus              | **                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           | =                |        | X\$ 9=            | الدل                   |         | X\$18=              | FEE                                            |  |
|                                                                                                                                                                                                                                                                                                                         | Independent                                    |                                           | Minus              | ***                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           | = 19.            | +      | <del> </del>      |                        | OR      |                     | 8                                              |  |
|                                                                                                                                                                                                                                                                                                                         | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                  |        | X43=              |                        | OR      | X86=                |                                                |  |
| If t                                                                                                                                                                                                                                                                                                                    | he entry in colum                              | nn 1 is less than the                     | entry in colu      | nn 2. write "0"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | in colu                   | mn 3             | +      | 145=              |                        | OR      | +290=               | ,                                              |  |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                |                                           |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                  |        |                   |                        |         |                     |                                                |  |
|                                                                                                                                                                                                                                                                                                                         | J                                              | · · · Ctiousiy r alu                      | i or trotal of     | maebeugeut)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | is the h                  | nghest number fo | ound i | in the appr       | opriate hor            | in colu | ານກ. 1              |                                                |  |